

**PERINATAL HEPATITIS B PREVENTION
PROGRAM (PHBPP) MANUAL
SATISFACTION SURVEY**

Please complete the following survey at your earliest convenience. Your input is very important to the PHBPP. Thank you for your time!

Name: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____

Please indicate your specialty: ☐ OB/GYN ☐ Laboratory ☐ Family Practice
☐ Pediatrics ☐ Local Health Department ☐ Hospital

1. Is the PHBPP manual well organized and easy to use? ☐ Yes ☐ No
2. Are the protocols and procedures in the PHBPP manual clear and easy to follow? ☐ Yes ☐ No
3. Do you have written policies and procedures regarding perinatal Hepatitis B? ☐ Yes ☐ No
4. Will you use the PHBPP manual to update your policies and procedures? ☐ Yes ☐ No

Please share any comments or suggestions you have on how this manual could be improved.

Please email your answers to fineisp@michigan.gov or fax the completed survey to 517-335-9855.